



**VOLUNTEER/STUDENT INTERN APPLICATION FORM**

**Check One:** New Application: \_\_\_\_\_ Update Application: \_\_\_\_\_

**WDOC Use Only (Please leave this section blank.)**

Date Application Received: _____	Date Investigation Completed: _____
Application is: Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Reason: _____	
<b>** Please complete steps in attached checklist!</b>	
Reviewed by: _____	_____
Staff Signature	Date
Date Entered WCIS: _____	

**Mail the completed form to the facility where you plan to provide services:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> WY Honor Conservation Camp<br>PO Box 160<br>Newcastle, WY 82701<br>Fax: (307) 746-9316 | <input type="checkbox"/> WY Honor Farm<br>40 Honor Farm Road<br>Riverton, WY 82501<br>Fax: (307) 856-2505                          | <input type="checkbox"/> WY State Penitentiary<br>PO Box 400<br>Rawlins, WY 82301<br>Fax: (307) 328-7464 |
| <input type="checkbox"/> WY Women's Center<br>PO Box 300<br>Lusk, WY 82225<br>Fax: (307) 334-5250               | <input type="checkbox"/> Casper Re-Entry Center<br>Therapeutic Community<br>PO Box 1780<br>Casper, WY 82601<br>Fax: (307) 472-5310 |  |

**Please print or type all information.**

**PART I: APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Last First Initial/Maiden

Address: \_\_\_\_\_  
Street/PO Box City State ZIP

Home Phone #: ( ) Work Phone #/Extension: ( )

Emergency Contact: \_\_\_\_\_ Phone: ( )

Date of Birth (Minimum age without parental consent is 21 years): \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_



**WYOMING  
DEPARTMENT OF  
CORRECTIONS**

**WDOC Form #133**  
**Volunteer/Student Intern  
Application Form**

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Last Revised: 1/23/08

Gender: Male ☐ Female ☐

Ethnicity: Asian ☐ Black ☐ Hispanic ☐ White ☐  
Native American ☐ Other (specify) \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**PART II: PROGRAM/ORGANIZATION/CHURCH/SCHOOL**

Name of Program/Organization/Church/School: \_\_\_\_\_

Address: \_\_\_\_\_

Street/PO Box City State ZIP  
Phone: ( ) Fax: ( )

Group Leader: \_\_\_\_\_

Type of Program/Activity: ☐ Addiction Services ☐ Education and/or Recreation  
☐ Faith Group (specify) \_\_\_\_\_  
☐ Other (specify) \_\_\_\_\_

If you will be providing a professional service, please list your credentials: \_\_\_\_\_

**PART III: OFFENDER RELATIONSHIPS**

Are you related to any WDOC offender, including probationer or parolee? ☐ Yes ☐ No

Have you visited with any WDOC offender within the last two years? ☐ Yes ☐ No

Have you written to/corresponded with any WDOC offender within the last two years? ☐ Yes ☐ No

Do you currently have any legal action involving a WDOC offender? ☐ Yes ☐ No

Are you the victim of any crime perpetrated by a WDOC offender? ☐ Yes ☐ No

Do you have any other connection to any WDOC offender? ☐ Yes ☐ No

Do you have any ties to radical or terrorist groups? ☐ Yes ☐ No

If you answered yes to any of the above questions, please explain. Include names, WDOC #, etc.

**PART IV: CRIMINAL HISTORY**

False or incomplete information on this application may be grounds for denial or termination. A criminal record does not necessarily make you ineligible for volunteer service.

Have you ever been arrested, charged, or convicted of a felony? ☐ Yes ☐ No

Have you ever been arrested, charged, or convicted of a misdemeanor? ☐ Yes ☐ No

Have you ever been incarcerated in a correctional facility or jail? ☐ Yes ☐ No

Are there any charges pending against you for any criminal offense? ☐ Yes ☐ No

If you answered yes to any of the above questions, please complete the blanks below. You may attach additional explanation.



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Month/Year: \_\_\_\_\_ Offense or Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

#### **PART V: VOLUNTEER/STUDENT INTERN STATEMENT**

I understand that this form is the first step to becoming a Wyoming Department of Corrections volunteer/student intern and, if approved, I will be required to complete a basic orientation and/or training as well as specific orientation for each facility I am approved to access.

I understand that I will be required to adhere to all Wyoming Department of Corrections policies and procedures including but not limited to those pertaining to security, searches, offender relations, contraband, and professional conduct. I understand that a security violation will result in termination of my volunteer/student intern status.

I agree to abide by all state and federal statutes, including but not limited to those pertaining to confidentiality. I agree to keep all privileged information obtained in the performance of my services confidential.

I agree to maintain professional conduct and adhere to security procedures, including but not limited to the following:

- Refrain from giving anything to offenders, including personal information;
- Refrain from taking anything in or out of any facility, except program items;
- Refrain from leaving anything behind for use by offenders;
- Refrain from taking photographs, without prior approval;
- Refrain from any written or telephone contact with offenders outside of my program description;
- Refrain from all types of personal relationships with offenders; and
- Make all donations of books and materials through staff for general offender use.

I understand each Warden has final discretion to approve or deny my services at the facility level. I agree to adhere to scheduled programming times, follow prescribed sign-in procedures and follow all directions given by WDOC staff.

I authorize representatives of the Wyoming Department of Corrections to conduct a complete background investigation, and I release the Wyoming Department of Corrections and its representatives from any liability which may result from such investigation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_